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APPLICANTS

Atsuko Fukui, Yatsukaido-city, JAPAN;

Masanori Nakajima, Chiba-city, JAPAN;

Takashi Kamijima, Ina-shi, JAPAN; Mika Ohta, Kamiina-gun, JAPAN;

** CONTINUING DATA *****

This application is a REI of 09/524,247 03/13/2000 PAT 6,277,395 S.T

** FOREIGN APPLICATIONS *****

None

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	JAPAN	15	24	10
Examiner's Signature <i>S.T</i> Initials				

ADDRESS

20995

KNOBBE MARTENS OLSON & BEAR LLP

2040 MAIN STREET

FOURTEENTH FLOOR

IRVINE, CA

92614

TITLE

Swallowing-assistive drink

FILING FEE RECEIVED 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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